

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034144

FILED VS OCT 4 1960

STATE FILE NUMBER

Registration District No. 64 Primary Registration District No. 5247 Registrar's No. 41

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salisbury Township</u>		Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>Salisbury Township</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Mi. No. W. Salisbury</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 Mi. No. W. of Salisbury</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Alfred</u> Middle <u>Roland</u> Last <u>Hanke</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>29</u> Year <u>1960</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>6/18/1887</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>		11. BIRTHPLACE (City and state or country) <u>Salisbury, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Frank Hanke</u>			13b. MOTHER'S MAIDEN NAME <u>Herminia Seger</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>190-24-3273</u>		17. INFORMANT <u>Mr. Albert Hanke, Salisbury, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH _____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cardiovascular disease</u>		3 years					
		DUE TO (c) <u>Hypertension</u>		years					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardio renal disease</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>April 1958</u> to <u>Sept 28, 60</u> and last saw ^{her} him alive on <u>Sept 28, 1960</u> Death occurred at <u>two hours, night</u> ? m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>E. L. Richborn M.D.</u> (Degree or title)				22b. ADDRESS <u>119 W 2nd Salisbury Mo</u>			22c. DATE SIGNED <u>9-30-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10/1/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>			23d. LOCATION (City, town, or county) <u>Salisbury, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeier, Salisbury, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>9-30-60</u>		26. REGISTRAR'S SIGNATURE <u>Opal L. Spence</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.